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| CHANGE OF CORRESPONDENCE ADDRESS Application | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/665,067</td> </tr> <tr> <td>Filing Date</td> <td>September 17, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jose I. Suarez</td> </tr> <tr> <td>Art Unit</td> <td>2624</td> </tr> <tr> <td>Examiner Name</td> <td>Shah, Utpal D.</td> </tr> <tr> <td>Confirmation Number</td> <td>5493</td> </tr> <tr> <td>Attorney Docket Number</td> <td>CM03347JD01</td> </tr> </table> | Application Number | 10/665,067 | Filing Date | September 17, 2003 | First Named Inventor | Jose I. Suarez | Art Unit | 2624 | Examiner Name | Shah, Utpal D. | Confirmation Number | 5493 | Attorney Docket Number | CM03347JD01 |
| Application Number | 10/665,067 | | | | | | | | | | | | | | |
| Filing Date | September 17, 2003 | | | | | | | | | | | | | | |
| First Named Inventor | Jose I. Suarez | | | | | | | | | | | | | | |
| Art Unit | 2624 | | | | | | | | | | | | | | |
| Examiner Name | Shah, Utpal D. | | | | | | | | | | | | | | |
| Confirmation Number | 5493 | | | | | | | | | | | | | | |
| Attorney Docket Number | CM03347JD01 | | | | | | | | | | | | | | |

Address to:
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P.O. Box 1450
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Please change the Correspondence Address for the above-identified application to:

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OR

☐ Firm or Individual Motorola, Inc.
Name _____

Address 8000 West Sunrise Boulevard _____
 Address Law Department - MD 1610 _____
 City Plantation _____
 State Florida _____ Zip 33322 _____
 Country United States _____
 Telephone 954-723-6449 _____ Fax 954-723-3871 _____

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).
Registration Number _____

Signature /Barbara R. Doutre/ _____
 Typed or Printed Name Barbara R. Doutre _____
 Date December 4, 2006 _____ Telephone 954-723-6449 _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.